



## Pipeline Safety Division Investigation Report

### Investigation regarding: **John Jewell**

UPPAC Database Record ID: 3663

Investigator: Howard Friend

Report Date: 10/30/2012

Damage Date: 06/30/2012

Damage Address: 211 E 13th Pl

City: Hobart

County: Lake

### The Parties

Excavator: **John Jewell**

Contact: John Jewell

Address: 211 E 13th Pl, Hobart, In 46342

Telephone:

Facility Owner: NIPSCO

Contact: Kit Earle

Address: 101 West Ohio Street, Indianapolis, IN 46204

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

**Investigation regarding: John Jewell**

UPPAC Database Record ID: 3663

**Damage Impact**

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$234.37

**Excavator Activities/Cause of damage information:**

Excavator request locates: No    Indiana 811 ticket Number:

Type of Equipment: Grader/Scraper

Type of work performed: Driveway

**Synopsis:** A plastic gas service was damaged while grading homeowner's driveway.

**Findings:** Excavator failed to request that underground utilities be located and marked prior to beginning work. Reported by NIPSCO; excavator signed for initial notice on 09/19/2012 but has not responded.

**Conclusion:** Excavator failed to provide notice of excavation.

**Violation: IC 8-1-26-16(g): Failure to provide notice of excavation.**



Date: 09/19/2012

MAIL MAIL:

The following is in response to your 09/19/2012 request for delivery information on your Certified Mail(TM)/RRE item number 9214 8901 0661 5400 0004 2843 65. The delivery record shows that this item was delivered on 09/19/2012 at 09:19 AM in HOBART, IN 46342. The scanned image of the recipient information is provided below.

Signature of Recipient: *John J Jewell*  
*John J Jewell*

Address of Recipient: *213 E 13 St*

Thank you for selecting the Postal Service for your mailing needs. If you require additional assistance, please contact your local Post Office or postal representative.

Sincerely,

United States Postal Service

The customer reference info shown below is not validated or endorsed by the United States Postal Service. It is solely for customer use.

3663  
JOHN JEWELL  
211 E 13TH PL  
HOBART IN 46342-5947



101 West Ohio Street, Suite 1707  
Indianapolis, IN 46204

October 22, 2012

*Via Electronic Transmission – [PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)*

Pipeline Safety Division – Case No. 3663  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500 East  
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 3663

To Whom It May Concern:

Attached please find Northern Indiana Public Service Company's ("NIPSCO") written information, and supporting documentation, relating to the following event:

Date of Event: 6/30/2012

Event Location: 211 E 13th Pl, Hobart

Facility Owner: Northern Indiana Public Service Company

Excavator: John Jewell

Other Party: N/A

Pipeline Division Case No. 3663

NIPSCO has reviewed its recovery and damage prevention files for this matter and has provided answers, when known, to the list of questions set forth in the Information Request. To the extent available, NIPSCO is also providing a copy of the Damage Information Report – Pipeline Safety Division previously submitted by NIPSCO to IURC Pipeline Safety as well as additional documentation relating to this Event Location.

Upon completion of the investigation, NIPSCO requests that it be provided with a copy of the Pipeline Division's Investigation Report with findings that will be forwarded to the Underground Plant Protection Advisory Committee. If there are any additional questions, please contact the undersigned.

Very truly yours,

Christopher C. (Kit) Earle  
NiSource Corporate Services - Legal  
Phone: 317-684-4904  
Fax: 317-684-4918  
Email: [cearle@nisource.com](mailto:cearle@nisource.com)

<b>IURC INFORMATION REQUEST</b>	
<b>Pipeline Safety Division Case No. 3663</b>	
Date of Event	6/30/2012
Event Location	211 E 13th Pl, Hobart
Facility Owner	Northern Indiana Public Service Company
Excavator	John Jewell
Date of IURC Information Request	9/18/2012
<b>THE PARTIES</b>	
<b>EXCAVATOR:</b>	
BUSINESS NAME	John Jewell
RESPONSIBLE PARTY PERSONAL NAME	John Jewell
TITLE (IF ANY)	Homeowner
ADDRESS	211 E. 13 <sup>th</sup>
CITY/ STATE/ZIP	Hobart, IN 46342
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
<b>FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:</b>	
BUSINESS NAME	NORTHERN INDIANA PUBLIC SERVICE COMPANY
RESPONSIBLE PARTY PERSONAL NAME	LUKE SELKING
TITLE	
ADDRESS	1501 HALE AVENUE
CITY/STATE/ZIP	FORT WAYNE, IN 46802
PREFERRED TELEPHONE	260/439-1290
SECONDARY TELEPHONE	
EMAIL ADDRESS	LSELKING@NISOURCE.COM
<b>LOCATOR SERVICE INFORMATION</b>	
BUSINESS NAME	USIC
RESPONSIBLE PARTY PERSONAL NAME	Morgan Thompson
TITLE (IF ANY)	Claims Coordinator
ADDRESS	9045 N. River Rd. Suite 300
CITY/ STATE/ZIP	Indianapolis, IN 46240
PREFERRED TELEPHONE	1-317-538-7301
CELL PHONE TELEPHONE	
EMAIL ADDRESS	<a href="mailto:morganthompson@usinc.com">morganthompson@usinc.com</a>
<b>OTHER (WITNESS, POLICE, FIRE, OTHER) INFORMATION</b>	
PERSONAL CONTACT	
BUSINESS/ORGANIZATION NAME	

TITLE (IF ANY)	
ADDRESS	
CITY/ STATE/ZIP	
PREFERRED TELEPHONE	
CELL PHONE TELEPHONE	
EMAIL ADDRESS	
<b>UTILITY LINE IMPACT</b>	
<b>LOCATION OF DAMAGE</b>	
ADDRESS	211 E. 13 <sup>th</sup>
CITY/STATE/ZIP	Hobart, IN 46242
NEAREST INTERSECTION	
<b>PRODUCT TYPE (Select One)</b>	
NATURAL GAS	X
LIQUID PIPELINE	
UNKNOWN/OTHER	
<b>FACILITY TYPE (Select One)</b>	
DISTRIBUTION	
GATHERING	
SERVICE/DROP	X
TRANSMISSION	
UNKNOWN/OTHER	
SIZE (DIAMETER/ETC.)	5/8" plastic
PRESSURE (PSIG/INCHES)	45
INTERRUPTION IN SERVICE (YES/NO)	Yes
NUMBER OF CUSTOMERS AFFECTED	1
EVACUATION (YES/NO)	No
IF YES, HOW MANY EVACUATED	0
REPAIR COST (IF KNOWN) (\$)	234.37
<b>CAUSE OF DAMAGE INFORMATION:</b>	
<b>TYPE OF EQUIPMENT (Select One)</b>	
Auger	
Backhoe/Trackhoe	
Boring/Drilling	
Directional Drilling	
Explosives	
Farm Equipment	
Grader/Scraper	X
Hand Tools	
Milling Equipment	

Probing Device	
Trancher	
Vacuum Equipment	
Unknown/Other	
<b>TYPE OF WORK PERFORMED (Select One)</b>	
Agriculture	
Cable TV	
Curb/Sidewalk	
Bldg. Construction	
Bldg. Demolition	
Drainage	
Driveway	X
Electric	
Engineering/Surveying	
Fencing	
Grading	
Irrigation	
Landscaping	
Liquid Pipeline	
Milling	
Natural Gas	
Pole	
Public Transit Authority	
Railroad Maintenance	
Road Work	
Sewer (Sanitary/Storm)	
Site Development	
Steam	
Storm Drain/Culvert	
Street Light	
Telecommunications	
Traffic Signal	
Traffic Sign	
Water	
Waterway Improvement	
Unknown/Other	
RELEASE OF PRODUCT (YES/NO)	Yes
IGNITION AND/OR FIRE (YES/NO)	No
EXCAVATOR NOTIFY 811 (YES/NO)	No
<b>LOCATE INFORMATION:</b>	

EXCAVATOR REQUEST LOCATE (YES/NO)	No
INDIANA 811 LOCATE TICKET NUMBER	N/A
LOCATE MARKS VISIBLE (YES/NO)	N/A
LOCATE MARKS CORRECT (YES/NO)	N/A
EXCAVATOR "WHITE LINED" (YES/NO)	No
MAPS USED TO MARK FACILITIES (YES/NO)	N/A
OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)	No
<b>INCIDENT IMPACT INFORMATION</b>	
NUMBER OF OUTPATIENT TREATED	0
NUMBER OF INPATIENT TREATED	0
NUMBER OF FATALITIES	0
FIRE DEPARTMENT RESPONSE (YES/NO)	N/A
POLICE DEPARTMENT RESPONSE (YES/NO)	N/A
AMBULANCE RESPONSE (YES/NO)	N/A
<b>ADDITIONAL INFORMATION/COMMENTS</b>	
<p>No damage ticket or original ticket or emergency ticket.  No notification made to the one-call center.</p>	

# Fact Based Investigation Report

01820120630007  
Northern IN  
6/30/2012 5:00:00 PM  
6/30/2012 5:00:23 PM  
Leticia/Nipsco Other  
211 E 13th Pl X Fleming St  
Hobart  
**ST: IN ZIP:**

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**NOTIFICATION ID:**  
**DISTRICT:**  
**DAMAGE DATE:**  
**NOTIFICATION DATE:**  
**NOTIFIED BY:**  
**DAMAGE ADDRESS:**  
**CITY:**

NIPSCO

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**DAMAGED CUSTOMER:**

06/30/2012  
17:40:00  
18:00:00

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**INVESTIGATION DATE:**  
**FROM:**  
**TO:**

HOMEOWNER  
unknown

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**EXCAVATOR INVOLVED:**  
**TYPE OF EXCAVATION:**

Yes

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**ORIG. LOCATE REQ.:**  
**START DATE/TIME:**  
**TYPE OF TICKET:**  
**LOCATE REQ. INFO N/A:**

M55285942  
6/30/2012 6:00:00 PM

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**DIG UP/DAMAGE REQ.:**  
**START DATE/TIME:**

reggie fleminings  
6/30/2012 5:45:00 PM  
Digital

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**PICTURES TAKEN BY:**  
**DATE/TIME:**  
**PHOTOGRAPHY TYPE:**  
**FRAME #:**

129675  
reggie fleminings  
**BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED?**  
No

**INVESTIGATOR EMP#:**  
**INVESTIGATOR NAME:**

## Fact Based Investigation Customer Information

01820120630007

NIPSCO

*(optional)*

NOTIFICATION ID:

SELECT A CUSTOMER:

CUSTOMER #:

LOWPROF

Gas Service

Yes

FACILITY DESCRIPTION:

FACILITY ID:

LOCATOR NAME & EMP #:

LOCATOR NOT KNOWN:

**CHECK ALL THAT APPLY TO INVESTIGATION:**

No Locate Req. By Contractor

**Other:**

**CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):**

Investigator Verified Existing Marks By Hooking Up

**INVESTIGATOR STATEMENT/CAUSAL FACTORS:**

unknown by locator notes if this was a private gas line, or a metered nipsco service. homeowner was digging without a locate request and struck gas service. USIC not at fault

**NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:**

na

**NAMES OF EXCAVATOR'S REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:**

na

**LIST ANY OTHER INDIVIDUALS ON SITE:**

na

**WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL?**

No

**WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA?**

No

**WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS?**

No

**EXTENT OF FACILITY DAMAGE**

unknown

**REPLACEMENT FOOTAGE**

unknown

**WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO?**

No

**WHAT CONTRACTOR EQUIPMENT WAS USED?**

unknown

**IS THE FACILITY SHOWN ON THE UTILITY RECORDS?**

No

**IF YES, PLEASE LIST RECORD #(S)**



# DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Aug 22, 2012

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## Who is submitting this information?

Name of person providing this information: Tommy Buher

Business address (*number and street*): 3511 E 15th Ave

City, State, and ZIP code: Gary, IN 46403

Telephone number (*area code*): 219-962-0422

Fax number (*area code*): 219-962-0404

E-mail address: cludwig@nisource.com

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## Excavator Information, if known

Full name: John Jewell

Business address (*number and street*): 211 E 13th Pl

City, State, and ZIP code: Hobart, IN 46342

Telephone number (*area code*): \_\_\_\_\_

Fax number (*area code*): \_\_\_\_\_

E-mail address: \_\_\_\_\_

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## Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Grader/Scraper

Type of work performed: Driveway

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**Date and Location of Damage**Date of damage (*month, day, year*): Jun 30, 2012

County: Lake

City: Hobart

Street address (*number and street, city, state, and ZIP code*):  
211 E 13th Pl

Nearest intersection: \_\_\_\_\_

Right of way where damage occurred: Private - Land Owner

Was there a release of product? Yes

If yes, was there an ignition of product? No

Were evacuations necessary as a result of release? No

If yes, how many evacuated? \_\_\_\_\_

Was there a customer service interruption? Yes

If yes, how many affected? 1

Time to restore service (*in hours*): 1

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ \_\_\_\_\_

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**Affected Facility Information**

What type of pipeline was damaged? Natural Gas

What was the affected facility? Service/Drop

What was the depth of the facility, in inches? 4

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**Notification, Locating, Marking**

Did excavator request locates prior to commencing work? No

Enter Indiana 811 ticket number, if known: \_\_\_\_\_

Was the locate request completed within two working days? Unknown/Other

If locates were performed, were they done so by a contractor or pipeline employee? Unknown/Other

If a contractor locator, enter the company name, if known: \_\_\_\_\_

Were facility marks visible in the area of excavation? No

Were facilities marked correctly? Unknown/Other

Type of markings used: Other

If other, please specify: no locates \_\_\_\_\_

Was site marked by "White Lining"? No

Were special instructions part of the locate request? No

Were maps used to complete the locate request? Unknown/Other

Were pipeline company representatives on site during excavation? No

Did the excavator notify the operator in the event of this damage? Yes

Did the excavator notify Indiana 811 in the event of this damage? No

Did the excavator notify 911 in the event of a release of product? Unknown/Other

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### **Description of Cause**

Select from the list the most accurate cause for the damage: --No notification made to the one-call center

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### **Additional Comments**

NORTHERN INDIANA PUBLIC SERVICE COMPANY  
FACILITY DAMAGE REPORT

\*\* COMPLETE FORM FOR ALL DAMAGES TO NIPSCO FACILITIES \*\*

REPORTING OPERATING AREA 150 MAXIMO WO # \_\_\_\_\_  
OPERATING AREA CONTACT \_\_\_\_\_ JOB ORDER # 475854

TRACKING NUMBER 018 2012 0630 007 LOCATE REF # \_\_\_\_\_  
Locate Performed By: \_\_\_\_\_

DATE AND TIME OF ACCIDENT 6/30 2012 15:30M DATE OF REPORT 6/30/12  
PLACE OF DAMAGE (INCLUDE CITY) 211 E. 13th Hobart

DAMAGE WAS TO:  
ELECTRIC - POLE / TRANSFORMER: # \_\_\_\_\_ SIZE \_\_\_\_\_ YEAR INSTALLED \_\_\_\_\_ BROKEN YES ( ) NO ( )

OTHER (DESCRIBE) \_\_\_\_\_  
GAS: (SERVICE) MAIN ( ) SIZE 5 1/2" MATERIAL: PLASTIC  STEEL ( ) METER ( ) REG STATION ( ) STUB ( )  
OTHER (DESCRIBE) \_\_\_\_\_

DEPTH OF FACILITY (inches) 4" PRESSURE (PSI) 45 Lbs.  
RELEASE OF GAS: YES  NO ( ) IGNITION OF GAS: YES ( ) NO  EVACUATION REQUIRED: YES ( ) # \_\_\_\_\_ NO   
INTERRUPTION OF SERVICE: YES  NO ( ) NUMBER OF CUSTOMERS LOST: 1  
DURATION OF INTERRUPTION: TIME REPORTED 13:20 TIME RESTORED 16:20  
DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY: 5/8"

LOCATE MARKS ON SITE: YES ( ) DISTANCE BETWEEN FACILITY AND LOCATE MARKS \_\_\_\_\_ NO   
HOW LOCATED: PAINT ( ) FLAGS ( ) BOTH ( ) WHITE LINED ( )

PARTY THAT CAUSED DAMAGES (NAME) Homeowner (John Jaworski)

ADDRESS OF PARTY (INCLUDE CITY) 211 E. 13th Pl. Hobart

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE Homeowner  
WITNESS NAME AND ADDRESS \_\_\_\_\_

WITNESS REMARKS \_\_\_\_\_  
AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY \_\_\_\_\_ REPORT # \_\_\_\_\_  
FIRE ( ) AGENCY \_\_\_\_\_ REPORT # \_\_\_\_\_  
OTHER ( ) \_\_\_\_\_ Any Injuries? ( ) YES # \_\_\_\_\_ ( ) NO \_\_\_\_\_

PHOTOS TAKEN: YES ( ) NO ( ) TAKEN BY: \_\_\_\_\_ (ATTACH PHOTOS TO REPORT)  
MEDIA ON SITE YES ( ) NO ( )

WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW  
( ) AGRICULTURE/FARMING ( ) CABLE TV ( ) CURB/SIDEWALK  
( ) BLDG CONSTRUCTION ( ) DEMOLITION ( ) DRAINAGE ( ) WATER  
( ) DRIVEWAY ( ) ELECTRIC ( ) SURVEYING ( ) DRAINS/CULVERTS  
( ) FENCING ( ) GRADING ( ) IRRIGATION ( ) MOWING  
( ) LANDSCAPING ( ) PIPELINE ( ) MILLING ( ) OTHER \_\_\_\_\_  
( ) POLE/SIGN POST ( ) ROAD WORK ( ) SEWER

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW  
( ) AUGER ( ) HAND TOOLS ( ) BACKHOE/TRACKHOE  
( ) MILLING EQUIPMENT ( ) PROBING DEVICE ( ) BORING / DRILLING  
( ) EXPLOSIVES ( ) TRENCHER ( ) FARM EQUIPMENT  
( ) VACCUUM EQUIPMENT ( ) GRADER ( ) OTHER \_\_\_\_\_

REASON DAMAGE OCCURRED- CHECK APPROPRIATE CHOICE BELOW  
( ) AUTOMOTIVE ACCIDENT ( ) EXCAVATING BEFORE LOCATES DUE ( ) CARELESS MACHINE OPERATOR  
( ) NO NOTIFICATION ( ) MARKS DISTURBED ( ) STUB ( ) OTHER Shallow Service

• SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM